

FEB - 2 2019

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UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT
Form A
For Use by Members, Officers, and Employees2019 FEB 11 PM 3:18
(Office Use Only)
OFFICE OF THE CHIEF
U.S. HOUSE OF REPRESENTATIVESName: Evan Jenkins Daytime Telephone: _____

FILER STATUS	Member of the U.S. House of Representatives	State: <u>WV</u>	Officer or Employee
REPORT TYPE	<input type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
		<input checked="" type="checkbox"/> Termination	Date of Termination: <u>1/30/18</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONSIPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes No the Committee on Ethics for further guidance.TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Evan Jenkins

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BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income												Transaction											
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p>												<p>Indicate value of assets at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts if the total is over \$5,000; list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), RA, or 403(b) accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>"Column XI is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Indicate if the asset had sales (S), purchases (P), exchanges (E) or exceeding \$1,000 in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) (part).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>											
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P	S	SI	SP	E	P, S, SI, SP, or E																														
<p>For all IRA and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p>												<p>None</p>												<p>None</p>												<p>None</p>																							
												\$1-\$1,000																																															
												\$1,001-\$15,000																																															
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												\$25,000,001-\$50,000,000																																															
												Over \$50,000,000																																															
												Spouse/DC Asset over \$1,000,000*																																															
												NONE																																															
												DIVIDENDS																																															
												RENT																																															
												INTEREST																																															
												CAPITAL GAINS																																															
												EXCEPTED/BLIND TRUST																																															
												TAX-DEFERRED																																															
												Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																															
												None																																															
												\$1-\$200																																															
												\$201-\$1,000																																															
												\$1,001-\$2,500																																															
												\$2,501-\$5,000																																															
												\$5,001-\$15,000																																															
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												\$1,000,001-\$5,000,000																																															
												Over \$5,000,000																																															
												Spouse/DC Asset with Income over \$1,000,000*																																															
SP, DC, IT	SP	Mega Corp. Stock										SP	Mellville										Royalties	P, S, SI, SP, or E										SPay																									
Examples:		Simon & Schuster										X																																															
		ABC Hedge Fund										X																																															
Allstate Corp Stock												X																																															
Bank of America Stock												X																																															
Citigroup Inc Stock												X																																															
C.H. Hall Co Stock												X																																															
General Cable Co Stock												X																																															
General Dynamics Stock												X																																															

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Carol Jenkins Page 3 of 15

S/N PC. IT.	ASSET NAME	EF	BLOCK B Value of Asset												BLOCK C Type of Income			BLOCK D Amount of Income			BLOCK E Transaction							
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI	XII		
	General Elec Co Stock														None													
	IBM Co Stock	X		X											\$1-\$1,000													
	J P Morgan Chase Stock														\$1,001-\$15,000													
	Prudential Stock														\$15,001-\$50,000													
	Travelers Co Stock	X		X											\$50,001-\$100,000													
	Wells Fargo Co Stock														\$100,001-\$250,000													
	Yerof Corp Stock	X													\$250,001-\$500,000													
	Charles Schwab Stock			X											\$500,001-\$1,000,000													
	MetLife Stock														\$1,000,001-\$5,000,000													
	American Int'l Life C														\$5,000,001-\$25,000,000													
	BlackRock Mktg Inc Hld	X													\$25,000,001-\$50,000,000													
	Fidelity Mktg Res Hld	X													Over \$50,000,000													
	Telephone Communi C														Spouse/DC Asset over \$1,000,000*													
	Westpac First Gobt Res & Mktg	X													NONE													
	State Farm Mutual Ag C														DIVIDENDS													
	State Farm Mutual Ag C														RENT													
	State Farm Mutual Ag C														INTEREST													
	State Farm Mutual Ag C														CAPITAL GAINS													
	State Farm Mutual Ag C														EXCEPTED/BLIND TRUST													
	State Farm Mutual Ag C														TAX-DEFERRED													
	State Farm Mutual Ag C														Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													
	State Farm Mutual Ag C														None													
	State Farm Mutual Ag C														\$1-\$200													
	State Farm Mutual Ag C														\$201-\$1,000													
	State Farm Mutual Ag C														\$1,001-\$2,500													
	State Farm Mutual Ag C														\$2,501-\$5,000													
	State Farm Mutual Ag C														\$5,001-\$15,000													
	State Farm Mutual Ag C														\$15,001-\$50,000													
	State Farm Mutual Ag C														\$50,001-\$100,000													
	State Farm Mutual Ag C														\$100,001-\$1,000,000													
	State Farm Mutual Ag C														\$1,000,001-\$5,000,000													
	State Farm Mutual Ag C														Over \$5,000,000													
	State Farm Mutual Ag C														Spouse/DC Asset with Income over \$1,000,000*													
															P, S, S/part, or E													

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *Eric J. L.*

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
No. Dc. N	ASSET NAME				
			None		
			\$1-\$1,000		
			\$1,001-\$15,000		
		X	\$15,001-\$50,000		
			\$50,001-\$100,000		
			\$100,001-\$250,000		
			\$250,001-\$500,000		
		X	\$500,001-\$1,000,000		
			\$1,000,001-\$5,000,000		
			\$5,000,001-\$25,000,000		
			\$25,000,001-\$50,000,000		
			Over \$50,000,000		
			Spouse/DC Asset over \$1,000,000*		
			NONE		
			DIVIDENDS		
			RENT		
			INTEREST		
			CAPITAL GAINS		
			EXCEPTED/BLIND TRUST		
			TAX-DEFERRED		
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
			None		
			\$1-\$200		
			\$201-\$1,000		
			\$1,001-\$2,500		
		X	\$2,501-\$5,000		
			\$5,001-\$15,000		
			\$15,001-\$50,000		
			\$50,001-\$100,000		
		X	\$100,001-\$1,000,000		
			\$1,000,001-\$5,000,000		
			Over \$5,000,000		
			Spouse/DC Asset with Income over \$1,000,000*		
			P, S, S(part), or E		

Use additional sheets if more space is required.

SCHEDULE B – TRANSACTIONS

Name: Evan Jenkins

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Report any purchases, sale, or exchange transactions that exceeded \$1,000 in value by the reporting person or any security or real property held by you, your spouse, or dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "Capital Gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SCHEDULE C – EARNED INCOME

Name:

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouses earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Karen State	Approved Teaching Fee	\$8,000
State of Maryland	Legislative Pension	\$16,000
Civil War Roundtable (Ord. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
Cole County Medical Society (Hawkins, WV)	Spouse Salary	\$25,000/year

SCHEDULE D – LIABILITIES

Name:

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **Column K** is for liabilities held solely by your spouse or dependent child.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name:

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	\$400
Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	<i>Joseph</i>	

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTSS

Name: Emilia Jenkins

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN
LIEU OF HONORARIA**

Name: Erica Tuckness

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Evan Jenkins Page 12 of 12

NOTE NUMBER	NOTES
None	

Use additional sheets if more space is required.